P05000121636

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COVER LETTER

TO: Amendment Sect Division of Corpo			•
NAME OF CORPOR	RATION: G & LFLOOR CO	VERING INC	
	BER: P05000121636		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	itter to the following:	
	MENDOZA, GREGORIO		
		Name of Contact Person	1
	G & I FLOOR COVERING	INC	
		Firm/ Company	
	5781 LEE BLVD STE.208-3	31	
		Address	
	LEHIGH ACRES, FL 33971		
		City/ State and Zip Cod-	e
	gregm@gandifloorcoveringii	nc.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
MENDOZA, GREGO	RIO	at (239	de & Daytime Telephone Number
Name o	of Contact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	-
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Amend Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment Articles of Incorporation of

G & LFLOOR COVERING INC.

(Name of Corporation as currer	thy filed with the Florida Dept. of State)				
P05000121636					
(Document Number	of Corporation (if known)				
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	s Florida Profit Corporation adopts the fol	lowing amendment(s)			
A. If amending name, enter the new name of the corporation:					
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the althreviation "P.A	A professional corporation name must c	The new wation "Corp.," ontain the word			
B. Enter new principal office address, if applicable:	5781 LEE BLVD				
(Principal office address MUST BE A STREET ADDRESS)	SUITE 208-331				
	LEHIGH ACRES, FL 33971				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5781 LEE BLVD				
	SUITE 208-331				
	LEHIGH ACRES, FL 33971	6307			
). If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre					
Name of New Registered Agent		<u> </u>			
		<u></u>			
tFlorida s	treet address)	52			
New Registered Office Address:		(Zip Code)			
		•			
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian		tion.			
Signature of New	Registered Agent, if changing				

Check if applicable \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>P</u>	MENDOZA, ISABEL	5781 LEE BLVD
Add			SUITE 208-331
Remove			LEHIGH ACRES, FL 33971
2) X Change	VP	MENDOZA, GREGORIO	5781 LEE BLVD
Add		-	SUITE 208-331
Remove 3) Change			LEHIGH ACRES, FL 33971
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

	g or <mark>adding</mark> a itional sheets,	if necessary)	(Re spec	ritici	nere:				
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If an amen	dment provid	des for an ex-	change rec	lassification	ı or cancell	ation of issu	ed shares.		
provisions	for impleme	enting the an	endment if	not contain	ned in the a	mendment it	self:		
(if not	applicable, in	idicate N/A)							
ONE									
	 -						· · · • • • · · · · · · · · · · · · · ·		
									

OCTOBER 06, 2020	
The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
OCTOBER 06, 2020	
Effective date if applicable:	
(no more than 90 days after amendment file dater	
Note: If the date inserted in this block does not meet the applicable statutory tiling requirements, this dedocument's effective date on the Department of State's records.	ate will not be fisted as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder act action was not required.	ion and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
bv	
(voting group)	
OCTOBER 06, 2020	
Dated	
Signature Cropping / Levelosa	
(By a director, president or other officer – if directors or officers have not been	-
selected, by an incorporator – if in the hands of a receiver, trustee, or other cou	
appointed fiduciary by that fiduciary)	
appointed federary by that fiduciary)	
MENDOZA, GREGORIO	
(Typed or printed name of person signing)	
V-PRESIDENT	
(Title of person signing)	<u></u>